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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

*None* *RAB*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

*None* *RAB*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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\*\* SMALL ENTITY \*\*

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	WY	5	36	3
Verified and Acknowledged	Examiner's Signature <i>RAB</i> Initials				

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## TITLE

Catheter retainer

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